

# L13000161843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

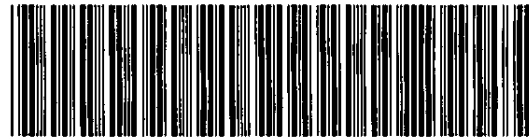
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 MAR 12 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
MAR 19 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lexpointe Holdings LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aramis Hernandez

(Name of Person)

Downtown Miami Legal

(Firm/Company)

139 NE 1st St

(Address)

Miami, FL 33132

(City/State and Zip Code)

For further information concerning this matter, please call:

Aramis Hernandez

(Name of Person)

305

3747744

at ( )

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

**FILED**

**2014 MAR 12 AM 11:06**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is

Lexpointe Holdings LLC

2. The Articles of Organization were filed on 11/19/2013 and assigned

document number L13000161843

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Voluntary Closure of Business

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Leo Kanell

17 Birchtree Ln

Sandy, UT 84092

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



\_\_\_\_\_  
Signature

Leo Kanell

\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**